

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90061 020 ***150.00

DOCUMENT # P00000041446

1. Entity Name
CHRISSY'S WILD SIDE CAFE, INC.



Principal Place of Business
**5150 TAMiami TRAIL NORTH
SUITE 501
NAPLES FL 34103**

Mailing Address
**5150 TAMiami TRAIL NORTH
SUITE 501
NAPLES FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3642067**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGH, DAVID E
5150 TAMiami TRAIL NORTH
SUITE 501
NAPLES FL 34103**

Name **Christine Bianchi**
Street Address (P.O. Box Number is Not Acceptable)
5026 Airport Rd
City **Naples** FL Zip Code **34105**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **BIANCHI, CHRISTINE**
STREET ADDRESS **5150 TAMiami TRAIL NORTH, SUITE 501**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DP**
NAME **BIANCHI, CHRISTINE**
STREET ADDRESS **5026 Airport Rd**
CITY-ST-ZIP **Naples FL 34105**

TITLE **DVP**
NAME **LEIGH, DAVID E**
STREET ADDRESS **5150 TAMiami TRAIL NORTH, SUITE 501**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DVP**
NAME **LEIGH, DAVID E**
STREET ADDRESS **5150 TAMiami TRAIL NORTH, SUITE 501**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Section 119.07(2)(a), Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **DAVID E LEIGH** **239 4359303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)